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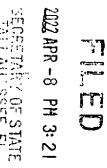
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## **COVER LETTER**

	egistration Se ivision of Cor				
	FLIP FLOR	RIDA LLC			
SUBJECT	T: Name of Limited Liability Company				
The enclos	sed Articles of	Amendment and fee(s) are sub-	mitted for filing.		
Please retu	rn all correspo	ndence concerning this matter (	to the following:		
		Pedro Hernandez			
			Name of Person		
			Firm/Company		
		18921 SW 97 AVE			
		Cutler Bay, FL 33157	Address		
		flipfloridalle@gmail.com	City/State and Zip Code		
		E-mail address: (t	to be used for future annual report notific	cation)	
For further	information c	oncerning this matter, please ca	all;		
Pedro Her	mandez		305 302-3139 at ( )		
	Name o	f Person	Area Code Daytime	Telephone Number	
Enclosed i	s a check for th	ne following amount:			
■ \$25.00	) Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
	<u>lailing Addres</u> legistration S		Street Address: Registration Sect	tion	

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

FLIP FLORIDA LLC (Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company) This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

## New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AP	HERNANDEZ, PEDRO R		□Add
		18921 SW 97 AVE CUTTLER BAY, FL 33157	
			Remove
			□Change
MGR	HERNANDEZ, PEDRO R	18921 SW 97 AVE CUTLER BAY, FL 33157	<b>≣</b> Add
			□Remove
			□Change
MGR -	HERNANDEZ, PATRICIA		□Add
		18921 SW 97 AVE CUTLER BAY, FL 33157	
			Remove
			Change
			□Add
			□Remove
			□Change
			□ Add
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(If an effi Note:	ve date, if other than the date of filing:
ne record ord is til	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ed.
	1001 4th 2022
Dated :	April 4m 2022  Figurature of Amenber or authorized representative of a member

Typed or printed name of signee